								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10/706,051				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER SMALL	
TOTAL CLAIMS			8		·		٠	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 9=	:	OR	X\$18=	
INDEPENDENT CLAIMS			2- minus 3 =		*			X43=		OR	X86=	
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2				ı	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II									•	_	OTHER	THAN
(Column 1) (Colum						(Column 3)	_	SMAL	L ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA	ļ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 7	Minus	** /	10	=		X\$ 9=		OR	X\$18=	
	Independent	. 1	Minus	***	3	<u> -</u>		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPEN			PENDENT	CLAIM		ſ	+145=		OR	+290=	
							L	1014			TOTAL	
(Column 1) (Column 2) (Column 3)								NDDIT. FE	E	1	ADDIT. FEE	
		CLAIMS		HIGH	EST		Г		ADDI-	1 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**	,	=		X\$ 9=		OR	X\$18=	
	independent	*	Minus	***		=		X43=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE			DEPENDENT CLAIM				+145=		OR	+290=	
							L	TOTA		<u></u> '	TOTAL	
	(O-lune 4)								E L	1011	ADDIT. FEE	
	`	(Column 1).		(Colum		(Column 3)	_		1 4001			4001
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	T	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	 	Un		
* \$1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
**	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								·	OR	TOTAL ADDIT. FEE	
		mber Previously Paid ber Previously Paid					foun	nd in the a	ppropriate bo	x in col	umn 1.	